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## Determining Maltreatment Substantiation According to Minnesota Child Protection Intake Workers

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Determining Maltreatment Substantiation According to Minnesota Child  
Protection Intake Workers

by

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MSW Clinical Research Paper  
5/20/2013

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. The project is neither a Master's thesis nor a dissertation.

### Abstract

Child protection intake workers are the initial points of contact for Child Protection Services (CPS). This worker documents reports of suspected child maltreatment and initiates the decision making processes involved when determining if investigative services are needed. In Minnesota in 2010, over 79% of the reports received by these workers were screened out due to a variety of factors. Six child protection intake workers were interviewed in this research. They described that endless work, teamwork, knowledge, emotions, detailed information, evidence, and vague definitions are factors involved that may account for the variability when determining if suspected child maltreatment requires investigation. The findings demonstrate a need for additional trainings to be offered to professionals in the field, as well as a need for making necessary changes to legislative policies.

### **Acknowledgments**

I'd like to take a moment to thank the important people in my life that supported me throughout my graduate career as well as this research project. First and foremost, I want to thank my research advisor and chair, Catherine Marrs Fuchsel, Ph.D., LCSW, LICSW. I'd also like to thank my research committee members, Kathleen Caron, MSW, LICSW and Sharyn De Zelar, MSW, LICSW. Thank you ladies for volunteering your time and expertise when you assisted with editing in addition to when you offered valuable insight and advice to further develop this project. Also, last, but certainly not least, I want to thank my loving family for always being there with encouraging and compassionate words as well as kind advice over these past two years. You have instilled in me integrity and dignity, amidst other great values. You are my rock, my inspiration, and my future.

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### **Introduction**

The entry point to Child Protection Services (CPS) is the child protection intake worker. This worker initiates the decision making processes involved when accepting reports of alleged child maltreatment. Intake workers receive reports of suspected child maltreatment from a variety of sources, including mandated reporters and community members. Following the receipt and documentation of reports, they then help to evaluate if the reports require additional investigating to ensure a child's safety. Intake workers follow specific guidelines. Their work begins when a report is received at intake and continues throughout the decision making process where a decision is made to screen in and investigate or screen out the report altogether. However, these guidelines vary from state to state and county to county.

The initial responsibility of the intake worker is to collect adequate information from the reporting source. This includes demographic information regarding the child victim and detailed information about the alleged maltreatment. The worker will document the report so it can be assessed by the team to determine if it meets the definition of maltreatment as outlined in Minnesota state statutes. Ultimately, the intake worker instantly measures a child's level of safety and continues to do so until the report is screened out. Another task of the intake worker is to provide support to the reporting source by acknowledging concerns and offering validation while explaining the importance of future reporting. Intake workers frequently manage distressed reporters too. They oftentimes need to calm upset and emotional reporters in order to collect objective information (<http://www.dhs.state.mn.us>).

General demographic information collected includes information about the child, parents or caregivers, family composition, as well as the reporting source. Besides basic contact information, the intake worker gathers information including age, date of birth, race, a residential address, names of family members, in addition to how the reporter learned of the alleged maltreatment and what his or her relationship is to the child victim. Other information involved in the report includes the type of maltreatment suspected and specific details relating to it. The level of severity, chronicity, and location of alleged abuse are documented as well. Information is also collected regarding the child's current physical condition and emotional state. Sometimes, other details concerning family characteristics, dynamics, and support system are obtained. After obtaining adequate and detailed information from the reporter, the intake worker will assess the credibility of the reporting source. In other words, it is important to know if the reporter is a medical doctor with direct evidence of abuse, or if the reporter is an angry ex-girlfriend (<http://www.dhs.state.mn.us>).

Before terminating a conversation with a reporter, an intake worker must attempt to answer the following two questions: "Does the suspected injury inflicted on the child victim meet the definition of child maltreatment?" and "Does adequate evidence exist to support the allegations being reported?" The worker will use this information moving forward when determining if the report of alleged maltreatment should be screened in and investigated. If the team has substantial evidence or reason to believe maltreatment occurred, the report will be accepted, screened in, and investigated. A report is substantiated when maltreatment is confirmed during the investigation; however, when no evidence is available regarding the alleged abuse it is unsubstantiated. Overall, it is

essential that an intake worker has basic knowledge and a clear understanding of state statutes about child maltreatment and the reporting laws prior to receiving a phone call concerning alleged abuse or neglect (<http://www.dhs.state.mn.us>).

In 2010, data collected from Minnesota's 87 counties and two American Indian tribes showed that 55,888 reports of suspected child maltreatment were received. Traditional investigations were assigned to 6,229 of those reports. These investigations found that 4,668 of those reports resulted in substantiation. In other words, maltreatment was confirmed in almost 75% of the reports investigated. Of those child victims, 72.2% were neglected, 20.4% were physically abused, and 18.5% were sexually abused. Furthermore, 14 children died as a result of abuse and neglect ([www.cwla.org](http://www.cwla.org)).

On the other hand, family assessments were assigned to 11,574 of the 49,659 reports that were screened out. A family assessment is an alternate response provided by CPS to address family issues. The objective of this type of assessment is to engage a family's cooperation and offer supportive services. Family assessments are not used to determine if maltreatment occurred or not. Nevertheless, 89% of the suspected child maltreatment reports were screened out by child protection teams across the state. Furthermore, 44,314 reports did not receive any response from CPS. That means that over 79% of the reports of suspected child abuse and neglect do not advance beyond child protection intake workers and their teams due to a variety of factors ([www.cwla.org](http://www.cwla.org)).

These numbers speak volumes. Can one confidently say that not one child of the 44,314 reports filed and screened out was a recipient of abuse or neglect? Odds are, probably not; therefore, a conversation must be had regarding child protection intake



work and the decision making processes utilized. The goal of CPS is to keep children safe, and a safe child will not be a victim of abuse or neglect.

Ideally, the child welfare system would effectively engage in child abuse and neglect prevention efforts. Unfortunately, no system across the world is equipped to stop child abuse and neglect altogether. Therefore, the system must attempt to respond to these victimized children in a manner that is as universal and standardized as possible. In the meantime, the current state statutes and responses offered by CPS must suffice until consistent responding can occur. It is essential to improve the intake and decision making processes that child protection intake workers use in order to keep our children safe. If research can gather insight into what is missing from the reports of alleged child maltreatment that intake workers receive, then it may be possible to improve current services provided. Responding efforts may be more consistent as a result too. Likewise, the profession of social work may be more widely accepted by society when it is viewed less negatively by families and communities across the nation (<http://www.dhs.state.mn.us>).

Overall, social work needs to enhance its child welfare practices in order to improve its outcomes for children. Protecting children from harm is a primary function of any child welfare agency as it is the predominant concern of child protection laws. It is imperative to keep our children safe by ensuring they are raised in environments conducive to healthy growth and development, far from abuse and neglect. The more frequently children are exposed to abuse, neglect, and violence, the more likely they will experience long-term physical and mental health issues as well (Williams et al., 2011). Social workers need to save the children; after all, they are our future.

The main aim of this research is to generate detailed information about how Minnesota child protection intake workers gather information and proceed when receiving reports of suspected child maltreatment. This study will explore the factors influencing the work that child protection intake workers do when working toward determining if child maltreatment occurred or not. Therefore, the research question posed in this study will ask what factors are involved that may account for the variability between reports of suspected child maltreatment that are screened in and substantiated opposed to those that are not, according to Minnesota child protection intake workers.

The following section will examine previous research findings regarding the topic. It will review the role of CPS in the state of Minnesota, the responsibilities of mandating reporters, and define the various types of maltreatment that are reported. The literature review will also examine the roles and responsibilities of child protection intake workers, guidelines used in assessing risk levels, and variances that may occur between professionals. Attitudes, assumptions, and beliefs will also be considered in order to effectively guide subsequent research.

## **Literature Review**

### **Child Protective Services: An Overview**

**Terminology.** A variety of language is used when referring to child protection and the services these departments and agencies provide. For the purpose of this paper, it is important to clarify such terms so that consistent language is utilized and understood moving forward. To begin, Child Protective Services (CPS) is a governmental agency that manages cases of child abuse and neglect. Child abuse and neglect, or maltreatment, is the mistreatment of a minor. Specific types of maltreatment will be discussed in a

future section of the literature review. If child abuse or neglect is suspected, a report will often be made to an intake worker within a child protection agency. At this time, the worker will collect information from the reporting source and later assess it alongside his or her team to determine if the evidence provided warrants further investigative services. Intake workers use guidelines selected by legislation. These guidelines are also defined in state statutes to assist child protection workers in identifying if suspected child abuse or neglect meets the legal definition of maltreatment. When a report is accepted and screened in, a case is opened, and an investigation follows to identify if maltreatment occurred. If the evidence supports that maltreatment took place, then the report will be substantiated. However, if the investigation does not reveal that maltreatment happened, the report will be unsubstantiated (<http://www.dhs.state.mn.us>).

**History.** Before 1875, children did not receive protective services from authorities. In 1875, the world's first child protection organization, the New York Society for the Prevention of Cruelty to Children, was created. This developing profession soon required government action; thus the Children's Bureau was formed in 1912. Later, President Roosevelt passed the Social Security Act of 1935 to offer Aid to Dependent Children which delivered millions of dollars to low-income families. In 1946, pediatric radiologist, John Caffey published an innovative article that heightened America's awareness of child maltreatment. This ignited a great interest in child abuse throughout the 1960s as other physicians became more sensitive to suspicious injuries their young patients presented with. This enhanced attention provided to the phenomenon of child maltreatment by physicians encouraged pediatrician Henry Kempe to publish *The Battered Child Syndrome* in 1962. In the same year, the Social Security

Act was amended, and Child Protective Services (CPS) became part of the nation's child welfare system. It was also eligible to receive government funding. Shortly after, all states had reporting laws. The year was 1967 (Myers, 2008).

Meanwhile, in 1974, the Child Abuse Prevention and Treatment Act (CAPTA) was founded to allow federal state funding be used to improve the nation's response to child maltreatment. CAPTA guaranteed that extra attention be offered to the reporting and investigation of child abuse and neglect. It also financed trainings to enhance society's knowledge around child welfare. Finally, on July 1, 1975, child welfare services were available nationwide. Today, child protective services are in place across the United States. Billions of dollars are dedicated to this service as professional involvement helps families keep their children safe (Myers, 2008).

**Purpose.** The goal of Minnesota child protection is to keep children safe. Child protection intake workers manage the entrance to CPS. They are the gatekeepers responsible for all incoming reports of suspected child maltreatment. These professionals document all incoming reports. Child protection workers are guided by definitions according to Minnesota Statute 626.556: Reporting of Maltreatment of Minors (<https://www.revisor.leg.state.mn.us/>). The statute provides general guidelines to the profession. Once receiving a report of suspected child maltreatment, child protection workers will determine if the report meets the legal definition of child abuse or neglect according to the state statute. Their responsibility is to help assign appropriate services to families as the agency determines if maltreatment occurred. However, statistics show that 79% of the reports received do not have sufficient evidence necessary when

assigning a case to traditional investigation or family assessment services (<http://www.dhs.state.mn.us>).

**Mandated reporters.** Individuals required by law to submit reports of suspected child maltreatment are called mandated reporters. These professionals include social workers, teachers, physicians, other medical personnel, child care providers, mental health workers, clergy members, and law enforcement officials. A mandated reporter is someone who has frequent contact with children. Mandated reporters must file reports when they suspect or have reason to believe that a child has been mistreated. If they fail to report on their suspicion, legal action may be taken against them. In Minnesota, a verbal report is often made to CPS via telephone. According to Minnesota law, an initial verbal report must be filed from the mandated reporter within 24 hours of being aware of the alleged maltreatment. Mandated reporters are also expected to file a written report within 72 hours of obtaining the information. It goes without saying that if a child victim is in imminent danger, the reporter will call 911. However, when no immediate risk is evident, reporters will telephone their local child welfare agency (<http://www.dhs.state.mn.us>).

### **Types of Maltreatment**

**Physical abuse.** Physical abuse is defined as any physical, mental, or threatened injury which is purposefully inflicted on a child by someone who is responsible for the child's care and wellbeing. Physical injuries subject to investigation include visible injuries, marks, or swelling that lasts at least 24 hours. Other abuse involves unreasonable acts of discipline or punishment that results in a physical injury. Throwing, choking, kicking, burning, biting, cutting, smothering, or poisoning a child are abusive

acts. Hitting a child with an object and shaking a child under the age of three are also deemed abuse. Other types of physical abuse include threatening children with weapons, physically restraining children, and intentionally administering illegal substances to children (<http://www.dhs.state.mn.us>).

**Neglect.** Neglect is the failure of a caregiver to provide a child with adequate food, clothing, shelter, healthcare, or other types of required care. These deficiencies must also cause injury to the child's safety, development, or education. For instance, appropriate shelter means that a caregiver provides sufficient heat and sleeping arrangements for a child in a sanitary manner. Other hazards that can be labeled as neglect include, but are not limited to, items children have access to such as broken glass, drugs, household poisons, scalding water, lead-based paint, animal feces, rodents, insects, and gas leaks. Neglect can also be identified by inadequate clothing, poor hygiene, a lack of supervision, endangerment, prenatal exposure to controlled substances, and exposure to domestic violence (<http://www.dhs.state.mn.us>).

**Sexual abuse.** Sexual abuse is also investigated by child protection only when the alleged perpetrator is the parent, sibling, or caregiver. Otherwise, law enforcement is responsible for assessing these types of reports when the perpetrator is not the direct caregiver of the victim (<http://www.dhs.state.mn.us>). Research has confirmed that when instances of suspected sexual abuse are reported to child protection intake workers, no time is wasted (Arruabarrena & Paul, 2012). These reports are immediately opened, and traditional investigation occurs. This type of alleged maltreatment is taken very seriously. Allegations of sexual abuse receive the most intrusive services available.

**Child Protection Professionals**

**Employee characteristics.** According to research conducted by Darlington, Healy, and Feeney (2010) child protection workers with professional training and work experience performed more thorough assessments. Skilled workers are also more able to identify a variety of relevant information when receiving reports of suspected child maltreatment as a result of their hands-on experience. The researchers found that professional training improves a child protection worker's overall abilities. Therefore, it is important that child welfare agencies hire educated individuals to meet the demands of the profession (Darlington & Feeney, 2008; Stokes & Schmidt, 2012).

A more recent study looked at the amount of on-the-job training child protection workers received as well as the accuracy of their assessments. Findings showed that as the amount of training a worker obtained increased, so did his or her level of accuracy. For instance, when workers were administered five hours of training, they accurately identified abuse 20% of the time, and when given 20 hours of training, accuracy increased to 62% (Arruabarrena & De Paul, 2012).

On the other hand, a similar study looked at a variety of characteristics belonging to child protection workers. Variables such as age, gender, race, education, professional discipline, and the estimated amount of exposure to child maltreatment were assessed. Of these variables, no significant relationships were discovered between them and the ability to accurately identify child abuse or neglect (Jent, Eaton, Knickerbocker, Lambert, Merrick, & Dandes, 2011). Arruabarrena and De Paul (2012) also found no relationship between professional discipline, gender, or experience and accuracy levels.

**Job responsibilities and duties.** Intake workers are considered to be the customer service representatives in child protection (Broadhurst, Wastell, White, Hall, Peckover, Pithouse, Thompson, & Davey, 2010). Therefore, the social services profession requires its workers to have effective communication skills, the ability to share and collaborate on cases, and the ability to allocate necessary resources. These workers are also responsible for the independent enhancement of their professional knowledge and skill sets to improve competency levels while simultaneously ensuring that best practices are performed (Darlington & Feeney, 2008). Overall, the more training a child protection worker has, the more skilled they are in identifying instances of maltreatment.

### **Reporting of Child Maltreatment**

**Minnesota state statutes.** Minnesota conducts child protection work according to legal mandates, rules, and guidelines to shape the decision making process involved regarding child maltreatment (Johnson, 2011). Most definitions of maltreatment, including state definitions, are very broad. In turn, this places a substantial burden on child protection workers as they search for clarity. According to Jent et al. (2011) a Child Protection Team (CPT) must assess and determine the threshold of what exceeds corporal discipline in order for the report to be called maltreatment. Once a report is accepted for traditional investigation, an immediate face-to-face interview with the child victim and caregiver must occur. Child protection workers have 24 hours to make initial contact with the family when traditional investigative services are assigned; however, they have five calendar days to respond when a family assessment is assigned (<http://www.dhs.state.mn.us>).



**Vulnerabilities assessed when screening.** In order for a case to even be considered by child protection, a report must meet the threshold of maltreatment. It must meet the eligibility criteria according to state statutes and law during the intake. Intake workers are required to make quick decisions based on very little information.

Research conducted by Arruabarrena and De Paul (2012) looked at ways to improve accuracy and consistency of judgments leading to maltreatment substantiation in Spain. They used four different scales in their research to address physical abuse, supervisory neglect, emotional maltreatment, and parental incapacity to control child or adolescent behavior. It was found that the use of these specific instruments, in addition to providing professional training to workers, accuracy and consistency greatly increased throughout the screening in process.

Furthermore, research conducted by Stokes and Schmidt in 2011, discovered that living conditions such as unsafe housing, exposure to domestic violence, and substance use are factors that need to be considered in the decision making process utilized by intake workers. The same authors performed additional research in 2012 to measure levels of suspected maltreatment according to four intensities. They included neglect, physical harm, emotional harm, and sexual abuse. They also assessed income, housing status, culture, parental substance use, family violence, available resources and support networks, as well as cooperation with CPS when examining reports of child maltreatment. Stokes and Schmidt (2012) discovered that child protection workers are moving beyond objective measures as outlined in state statutes and law to the use of “internalized subjective knowledge.”

Other research investigates caregiver vulnerabilities as well as problems that exist and negatively impact children. They include substance abuse, limited social supports, physical health status, exposure to domestic violence, experience of physical harm, and the child's toxicology results at birth. It was found that these vulnerabilities are strongly associated with child maltreatment substantiation (Williams, Tonmyr, Jack, Fallon, & MacMillan, 2011).

Keddell (2011) also looked at child protection workers who identify social constructs in order to determine if reports of alleged child maltreatment meets the threshold to receive investigative services. These workers assessed the family's mental health issues, lack of family support, acts of physical force, neglect, the mother's own history of abuse, and financial status. This research found that keeping families together while helping alleviate risks were large goals of the child protection workers interviewed.

**Patterns of reporting.** Historical accounts of maltreatment can be identified by looking at the number of reports on file for a particular family. Jent, Merrick, Dandes, Lambert, Haney, and Cano (2009) found that child protection workers are more likely to investigate subsequent reports of suspected maltreatment than single episode reports. Intake workers can assess the risk of harm for a child more quickly when looking at the family's history.

Research conducted by Connell, Bergeron, Katz, Saunders, and Tebes (2007) confirmed that of the substantiated cases of child maltreatment, 37% had a history of maltreatment and interaction with CPS. These researchers, as well as Bae, Solomon, and Gelles (2007), discovered that neglect accounted for the highest rate of rereports amidst the types of the suspected abuse reported to intake workers. A rereport is a report of

suspected child maltreatment that is repeatedly made by a mandated reporter or community member to CPS. In particular, 50% of rereports referenced neglect, 41% suspected physical abuse, and 35% alleged sexual abuse.

Bae, Solomon, Gelles, and White (2010) continued to study rereports. They specifically looked at the differences between initial reports of alleged child maltreatment and those reports that are made subsequently, or later rereported. They discovered that race and ethnicity was a factor that was considered when assigning investigative services to the rereports being filed. Overall, the research identified that African Americans experience more rereporting than Whites do and as a result, they also receive more investigations too. Aside from race, other factors associated with rereporting involved family structure and size, the presence of younger children, single mother households, and larger families too. The authors discovered that rereporting rates also increased for families who had children with developmental disabilities, histories of child maltreatment, low socioeconomic statuses, histories of substance abuse, and histories of domestic violence. Williams et al. (2011) also found that exposure to domestic violence increased the likelihood that a report would be investigated by 74%. Overall, these various factors previously listed increase the likelihood that child protection intake workers may overlook or screen out reports of suspected child maltreatment that should be investigated (Broadhurst et al., 2010).

### **The Ambiguity of Child Protection**

**Complex rereports.** Data shows that the number of incoming reports will increase once a case is opened for investigation. For example, the longer an investigation or an assessment is open, the more rereports child protection intake workers will receive

pertaining to that case. This may be attributed to the fact that these families undergoing investigation receive more direct contact and attention from CPS (Bae, Solomon, & Gelles, 2010; Bae, Solomon, Gelles, & White, 2007).

With that said, each family will receive equivalent surveillance regardless the number of rereports on file. Ultimately, child protection laws require that each report be considered exclusively and independently of others (Bae, Solomon, & Gelles, 2010; Bae, Solomon, Gelles, & White, 2007).

**Personal judgment.** Child protection workers oftentimes rely on their intuition and personal experience to guide their work. However, this subjectivity can cloud professional roles and responsibilities. Stokes and Schmidt (2012) found that a variety of factors and individual characteristics can muddy one's ability to assess for instances of child maltreatment. Most decisions regarding suspected child maltreatment are oftentimes made with information that is lacking in detail. This information also arrives to child protection intake workers from anonymous sources, and creates another roadblock for the child protection team. The researchers also found that professional judgment and assessment is negatively impacted by data that are conflicted. In other words, an anonymous reporting source may provide different stories regarding the alleged maltreatment while lacking demographic details about a child victim.

Darlington et al. (2010) also investigated the intricacies of the varying factors that affect child protection workers. Similarly, they found that child protection intake workers utilize professional experience and personal judgment. The fact that personal judgment is not a universal instrument and thus cannot be operationalized makes researching child protection intake work very difficult.

**Professional instruments.** Sometimes the tools or instruments that are designed to assist in substantiation are not used. Sometimes these instruments undermine the professional experience child protection workers have as well.

Structured Decision Making (SDM) is a comprehensive approach that utilizes instruments that help with the decision making process when determining if investigative services should be assigned. If a case is screened in, SDM will determine the urgency in which workers should respond to the report. This assessment helps to identify if a child is experiencing imminent risk or harm. SDM, similar to the Family Risk Evaluation Tool (FRET), will also estimate the potential risk a child may be at for future harm. Gillingham and Humphreys (2010) discovered limitations regarding the FRET throughout their research. Unlike SDM, the FRET was designed with a very low threshold for risk and therefore, it was extremely sensitive. Professionals interviewed by Gillingham and Humphreys reported that the most stable family would receive a high rating for risk or harm on a good day. Furthermore, family strengths and needs are also addressed with SDM when creating recommendations and future plans (<http://www.childwelfare.gov>).

Although inclusive, SDM does not address the complexities between the actual investigations and other factors that are considered administrative burdens (i.e., endless paperwork). Furthermore, as incoming reports of suspected maltreatment continue coming in, the agency is pushed more and more to its limits. As a result individual caseloads multiply which creates extremely high workloads amidst already busy teams. Workers are forced to manage increasing workloads while they manage to process old reports and cases (Broadhurst et al., 2010).

**Professional Judgment and the Decision-Making Process**

**Attitudes, assumptions, biases, and beliefs.** According to Kim-Berg (2007), child protection workers need to remove personal biases, use positive and hopeful attitudes, avoid casting judgment onto families, and maintain a “not knowing” stance. Jent et al. (2011) discovered that highly educated workers who did not approve of corporal disciplinary procedures were more willing to investigate reports of suspected child maltreatment.

Another belief stated previously in this review explained that Keddell (2011) found that child protection workers want to preserve families and keep them together. On the other hand, the same study went on to say that these workers had few reservations regarding family maintenance when a child victim was identified.

**Psychological limitations.** Psychological limitations also make it difficult for social work professionals to monitor personal biases. Errors in human reasoning are likely to occur once a person’s mind is made up. This tenacity negatively affects one’s ability to objectively review a situation. For example, if an intake worker has a bias against a specific population, then he or she may be more likely to assign investigative services to a family representing that population because of unwillingness to shift his or her predetermined beliefs (Anonymous, 2008).

Another factor that impacts the work that intake workers do is the lack of time. Too many responsibilities and not enough time to complete all required tasks are common complaints within the profession. This explains how workers can drift away from following standardized procedures because they are trying to multitask beyond their

means. Therefore, some things will be overlooked or missed as a worker begins to focus on quantity over quality (Anonymous, 2008).

A final psychological limitation involves tunnel vision. The metaphor called tunnel vision is described as the unwillingness to consider other viewpoints. Therefore, it narrows an intake worker's ability to view an entire report of alleged child maltreatment. If one's focus is restricted, important information may be overlooked or lost. One may also lose previously acquired skills or perspective that would allow for one to break tasks down into more manageable units. As a result, this limits a worker's ability to consider all pieces of information that may contribute to a report of maltreatment (Anonymous, 2008).

**Moral reasoning.** Although legal definitions and instruments are necessary elements of child protection, good Social Work judgment plays a significant role as well (Keddell, 2011; Stokes & Schmidt, 2012). Moral reasoning and professional judgment within Social Work encourages professionals to use best-practice, evidence-based, and technocratic approaches so that families are provided the most effective interventions possible. These concepts assist child protection workers in addressing historical and structural contexts as they aim to keep families united while allocating adequate supportive resources. Moral reasoning also helps child protection workers avoid placing blame on caregivers for not protecting their child (Stokes & Schmidt, 2011).

**Inconsistencies between reports screened in and others screened out.** A variety of researchers have found high levels of inaccuracy and inconsistency between the reports of child maltreatment that are investigated. Research suggests that more thorough instruments and better training of child protection workers are needed

(Arruabarrena & De Paul, 2012; Broadhurst et al., 2010; Darlington & Feeney, 2008; Jent et al., 2011). Unfortunately, no clear cut explanations can be provided regarding the discrepancies among these decisions that are being made (Stokes & Schmidt, 2012). Without this information, it is difficult to identify what child protection intake workers need when receiving reports of suspected child maltreatment and when making decisions to accept and investigate reports.

**Race and ethnicity.** Another component affecting professional judgment encompasses the race and poverty levels of families involved with CPS (Stokes & Schmidt, 2011). In 2009, Jent et al. documented that 38% of the reports received by CPS involved African American children. Additional research discovered that intake workers in Florida were likely to screen out reports of suspected maltreatment with multiple injuries involving African American children. On the other hand, these intake workers were more likely to screen in reports of alleged abuse that involved White children (Jent et al., 2011).

However, Bae et al. (2007) discovered race and ethnicity to not be a factor that influences the decision to investigate. Rather their research found that families living in poverty and families without supportive resources accounted for the high rates of reports involving this specific population. Other data confirms that minority groups, as well as impoverished families, are overrepresented within the child welfare system. In these instances, the environment alone, increase the likelihood that reports of maltreatment will be filed. Overall, many researchers have confirmed that minorities are over exemplified within the child welfare system (Bae et al., 2007; Jent et al., 2011; & Stokes & Schmidt, 2011).



**Types of abuse.** Research has found that about half of all child protection reports alleging neglect were investigated and later substantiated (Bae et al., 2010 & Williams et al., 2011). However, Jent et al. (2009) discovered that reports of physical abuse and sexual abuse were investigated and substantiated most often.

Additionally, these researchers determined that allegations of neglect are least likely to receive investigative services because these types of reports require thorough, time intensive interviews, safety plans, and follow up meetings. Jent et al. (2009) uncovered that time constraints as well as sizeable workloads unfortunately restrict the number of cases that are investigated. This data coincides with other research that time is of the essence, and there is not nearly enough of it to go around.

**Intake workers.** In another research study conducted by Gillingham and Humphreys (2010), results demonstrated that child protection intake workers manipulated the screening instrument at times in order to achieve a result that aligned with their personal judgment. In fact, most of these participants reported that they had already made their decisions prior to the assessment process that would determine if a report receives investigative services.

Also, child protection intake work does not follow a one-size-fits-all approach. No two reports of suspected child maltreatment are similar and not one report perfectly aligns with the definitions of maltreatment as outlined in the state statute. There is a lot of room for open interpretation. For example, one intake worker may define words like “cruel” or “unusual” much different than another.

In addition, the responsibilities that child protection intake workers fulfill are demanding and exhausting. Not only do they receive numerous reports daily, they also

have strict paperwork demands. Child protection intake workers can receive anywhere from 80 to 300 phone calls citing alleged maltreatment on a monthly basis (Broadhurst et al., 2010).

Moreover, research can verify why it may not be uncommon for workers to look for short cuts within the operation. Research conducted by Broadhurst et al. (2010) in England and Wales also discovered that these tacit methods (i.e., using short cuts) keep workloads from increasing. Child protection work can be extremely burdensome. These researchers also discovered that some intake workers omitted entire sections when documenting reports of alleged child maltreatment. The type of information that workers intentionally left out was not shared. The same intake workers also admitted to ignoring assessments when possible to maintain workflow. They specifically stated that when a reporting source was not a mandated reporter, they tended to utilize a variety of tactics to keep from being overwhelmed (Broadhurst et al., 2010).

In other studies performed in the United States, 90% of the reports made received some sort of professional recommendations from the intake worker. Jent et al. (2009) discovered that Florida child protection intake workers provided suggestions to the reporting source. Ultimately, researchers are discovering that unqualified workers continue to be the gatekeepers of the system that is intended to keep children safe.

### **Identification of Potential Risk and Harm and the Severity Threshold**

**Identification of child maltreatment.** Research has found that most child protection workers use technocratic and evidence-based approaches when determining if alleged child maltreatment has occurred (Stokes & Schmidt, 2012). The research conducted by Jent et al. (2011) discovered that intake workers look at the number of

injuries, injuries resulting from the use of an object, as well as the location of the injuries on a child victim when determining future steps. Their research continued to discuss that these three characteristics of injury are the strongest predictor of decisions investigated by child protection. Therefore, the severity of injury sustained by a child is a major component interpreted by the child protection intake workers.

Research performed by Dubowitz et al. (2011) further stated that maltreatment of a child can be accounted for and predicted by the following five risk factors: (1) atypical development in the child, (2) maternal education level below a high school diploma, (3) maternal drug use, (4) maternal depression, and (5) larger family size.

**Variances between intake workers.** Many factors influence the work child protection intake workers do, including education levels, direct experience, gender, age, and job satisfaction (Stokes & Schmidt, 2012; Williams et al., 2011). Additionally, Darlington et al. (2010) found that although intake workers may have sufficient education and knowledge, these factors do not match up to the hands-on, real-life experienced needed.

Bae et al. (2010) found that different intake workers value different reporting sources. The study explained that over 50% of the reports made by mandated reporters within the social service profession were investigated more often than other reports filed by medical or legal professionals. Therefore, it is imperative that social workers continue to expand their knowledge base and skill sets so that they are more able to make credible reports are more likely to be screened in. In doing so, social workers will be more able to keep children safe and healthy.

Consequently, this study will further explore and generate detailed information about how Minnesota child protection intake workers gather information and proceed when accepting a report of suspected child maltreatment. This study's research question is: What factors account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation?

### **Conceptual Framework**

This research question was examined using applied systems theory employed throughout the social work profession. Applied systems theory emphasizes that all parts of a system are important to the whole in order for the system's survival (Forte, 2007). Specifically, Forte views the environment as the whole and the person as the part. It is stated that if one part fails or is missing, then the entire whole will be broken and unable to perform efficiently or effectively. Any change will ultimately affect all subsequent parts. Social workers utilize various systems within the profession including the client, agency, and community systems. The objective of the collaborative systems is to communicate, formulate norms, rules, values, and roles while continuously evaluating the functionality of individual parts in relation to the whole. Hutchison (2011) also adds that human behavior is the result of larger systems interacting. This author describes that all parts of a system serve a purpose to maintain balance and equilibrium of the whole.

Child protection intake workers function within a large welfare system when serving children and their families. The services they offer are directly monitored by systemic federal, state, and county law as well as state statutes. It is this governing body that creates the rules and regulations of which child protection workers abide.

Another system that simultaneously interacts across all levels involves the agency or workplace of which the worker operates within. Each agency is expected to follow mandated reporting laws. They also need to assess reports of suspected maltreatment with their team to identify future steps in determining substantiation.

Within the agency system, an additional system exists that includes other staff members and supervisors. The interaction between these individuals and the experiences they share also shape worker values, norms, and judgments. These elements are intermingled when a worker assesses reports of suspected maltreatment.

Therefore, child protection intake workers do not work independently, rather they work within a large welfare system that has many parts working simultaneously to create a whole that functions to keep children safe. Systems theory helps intake workers utilize the guidelines created by legislation when determining if reports of maltreatment require investigation.

In other words, child protection intake workers are a single part of the larger social system that when maintained, aims to keep children safe in society. As a result, it was beneficial to assess and evaluate this research question with the systems perspective. This perspective helped the researcher investigate all working parts of CPS in order to better understand the larger system of child welfare because without addressing potential change from a systemic perspective, it would be difficult to get anywhere.

## **Methods**

### **Research Design**

This research design was qualitative in nature. According to Berg (2008) qualitative research seeks answers by examining an individual and his or her environment

within systematic procedures. Qualitative researchers are interested in understanding more about the human form and how individuals navigate their surroundings with symbols, structures, and roles. Data is obtained through verbal and written communication and is represented linguistically opposed to numerically. Qualitative findings offer researchers an opportunity to explore the experiences, perceptions, and meanings of others.

This qualitative study involved individual interviews with six child protection intake workers. Previous research has briefly looked at the variability between reports of suspected maltreatment that are substantiated according to CPS. Therefore, this qualitative research was used to further explore the factors involved when child protection intake workers determine if a report of suspected child maltreatment requires investigative services.

### **Sample**

This research engaged six child protection intake workers from county and tribal agencies across Minnesota. The first six intake workers that responded to the study's invitation were included. Participants were employed within a government agency and identified as child protection intake workers. Their level of experience or employment history was irrelevant and therefore, this data was not considered for the purposes of this study.

Child protection intake workers were recruited via email. An introductory email was sent to the Director of Child Safety and Permanency Division of the Department of Human Services in Minnesota outlining the purpose and goals of the study (Appendix A). A cooperation letter was also attached to the email for the Director to sign (Appendix B).

The signed letter provided this researcher with access to child protection intake workers across Minnesota.

Upon receiving approval from the Institutional Review Board (IRB) at St. Catherine University, child protection intake workers throughout Minnesota were emailed an invitation from the Director of Child Safety and Permanency Division (Appendix C). This email provided information regarding the study and prompted their participation.

Finally, the interested child protection intake workers responded directly to this researcher's contact information provided on the invitations. The researcher then replied to the participant's request to participate with an email that confirmed his or her interest (Appendix D). The confirmation email included three attached files that contained the informed consent document (Appendix E), a list of the proposed interview questions (Appendix F), and a list of resources and crisis hotlines (Appendix G).

At this point, an interview was scheduled at the convenience of the participant via email. The interviews were later conducted by telephone and a digital audio device recorded the conversations held.

### **Protection of Human Subjects**

Confidentiality was assured to participants in this study. All obtained verbal and written data was kept confidential. Data was never relayed to the participant's supervisor or affiliated agency. Only the researcher, research assistant, and academic advisor had access to the data throughout this study. Data records were kept in a locked file in a home office. Interviews did not begin until the researcher had obtained a hard copy of

the consent form with the participant's signature. All data, including audio and written transcripts was destroyed on May 20, 2013.

### **Data Collection Instrument**

Data was collected via telephone interviews. The interviews were recorded with digital audio equipment in order to accurately transcribe the information obtained. The transcription allowed for accurate coding to occur. Thirteen structured, open-ended questions were asked of participants. The questions prompted participants to share information regarding their work and possible factors that affect the decisions they make. Interview questions were provided in writing via email prior to the scheduled telephone interview. This was done to offer the participant an opportunity to prepare. The same questions were also asked during the actual telephone interview. If for any reason the participant experienced physical, psychological, or emotional reactions to the content of the interview, the session would have been immediately terminated. However, the researcher met in advance with the research advisor and created a plan for managing emotional distress if it occurred. It did not, yet, a list of mental health resources and crisis hotlines were provided.

### **Data Analysis Plan**

After completion of the interviews, the conversations were transcribed verbatim onto paper by the researcher. The data was then open coded line by line to identify, clarify, and develop emerging themes and content areas. A research assistant also coded the transcripts to ensure that the codes identified were reliable and not favored by the primary researcher leading this study. The codes and themes identified by both



researchers were processed and analyzed. A single list of codes resulted and was used throughout the remainder of the research study. This study used content analysis to objectively code the data which in turn, addressed the original research question. According to Berg and Lune (2008), content analysis is less interpretive because it counts subject matter from the original transcript to organize and obtain data.

### **Strengths and Limitations**

The research involved both strengths and limitations. The most valuable strength was that the findings contribute to the social work knowledge base regarding the work performed throughout child protection. It also allowed the intake workers to provide first-hand accounts regarding the difficult decisions they make daily within their work. Furthermore, the research helped clarify potential needs and the processes involved when accepting a report of suspected child maltreatment.

However, limitations occurred as well. Since only six participants voluntarily participated in the study, the findings may not be as generalizable to the larger population as a researcher would desire. Also, the self-selection and voluntary nature of engagement ignored other intake workers that may have also had valuable insight, reasoning, and opinions regarding their work. Another limitation must address that biases on this topic may have occurred since this research area was of great interest to the researcher.

### **Findings**

Participants provided a variety of rich responses to the questions posed during the interviews. These responses were transcribed verbatim from the digitally recorded interview to facilitate data coding and analysis. Based on the thematic analysis, four key content areas were identified from the interviews in response to the research question:

What factors may account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigative services? They are as follows: factors influencing child protection intake work, the importance of obtaining adequate and pertinent information, the role of emotions, and the importance of clearly defined statutes, laws, and guidelines. Furthermore, current approaches and future needs were addressed per each content area.

### **Factors Influencing Child Protection Intake Work**

Characteristics of the important factors influencing child protection intake work and the process regarding substantiation were cited 36 times throughout the six transcribed interviews of the participants. Some participants used words and phrases like “full work load” and “many responsibilities.” These codes developed the theme of endless work. Other responses included terms such as “education” and “qualified workers.” These codes created a theme titled knowledge. Additional language used by participants contained words such as collaboration and consultation. These codes formed the theme of teamwork.

**Endless work.** After coding and analyzing the data, the theme endless work was identified. Endless work was referenced 15 times throughout the interviews to describe what influences child protection intake work and the subsequent steps taken to substantiate a report of suspected child maltreatment. Responses provided by participants for this theme included: full work load, many responsibilities, busy, not enough time, and balancing work volume and urgency.

The code, full work load, was mentioned by five participants. As described by one child protection intake worker “I carry a caseload of somewhere between 20 to 30 at

all times. This makes me responsible for approximately 50 children each day.” Another responded with the following: “We don’t have the work time or work force to address in my opinion all the reports we should.” Another intake worker reported:

Another challenging aspect is that there are times when I am the primary intake person here and there are days when you get a lot of reports coming in. Like one day I think there were six that came in in three hours. So to get all of the information entered into the computer, you know, when the phone is ringing.

All participants described having “many responsibilities” that influence their work from the very beginning when they receive a phone call to the point at which they consult with their team to determine if the report meets substantiation criteria. “The most particularly challenging thing of the intake process is the volume of work and the urgency of the work. And being able to deal with the volume and the urgency and balance that...it’s a very difficult process” was shared by one individual. Another intake worker said “We do child protection, children’s mental health, development disabilities, parent-child conflict, and prenatal exposure. So we have quite a bit of ground to cover when we’re taking calls during the day.” Similarly, a third response added “We are responsible for many things. We receive many phone calls on a day-to-day basis. We must quickly assess and determine the next steps to be taken. We have large case loads and a lot on our plates.”

Furthermore, four of the participants referenced being busy, as a factor influencing their work. One intake worker stated:

One staff member on our assessment team can manage a caseload of anywhere from three to four hundred assessments a year. Also, we receive about 12,000 calls a year and about 4,500 of those 12,000 calls are child maltreatment concerns.

**Teamwork.** Regarding teamwork, the importance of collaboration was addressed a total of 12 times when referring to the process that a child protection intake worker adheres to when screening reports of suspected child maltreatment. Not every participant emphasized a need for teamwork; however, those who did stressed its importance. This theme contained language including: collaboration, consultation, and communication.

Collaboration was described by four participants when they discussed factors that influenced their work as intake workers. One response said “I believe that having the state and counties working collaboratively to improve screening guidelines would be a better approach when writing laws.” Another intake worker reported the following when explaining the importance of teamwork and collaboration between community agencies “We should expand opportunities to practice and discuss intake and screening processes with child protection agency staff on site as well as with other providers in the community statewide.”

Another theme, communication, was also conveyed by half the participants. Child protection intake workers revealed that dialogue needs to occur between professionals in order to effectively assess incoming reports of suspected child maltreatment for substantiation. Regularly scheduled team meetings and listening sessions need to happen so the voices within the profession are heard by colleagues as well as authority figures at the state level. One child protection intake worker stated:

One of the things that I think would be helpful would be for the Department of

Human Services to hold, let's call them 'listening sessions,' to engage the people that are out there on the frontlines making the decisions on a regular basis, to participate in the decision making processes that occur at the legislative level identifying what we are required and not required to do and how we implement services.

Teamwork was also conveyed in this response "I think that you need to avoid making lonely decisions. I think a checks and balance system is needed where some discussion is made on a daily basis to screen cases to offer consistency to what we are doing."

**Knowledge.** Many responses included a need for knowledge in order to effectively accomplish the various tasks performed by child protection intake workers when determining if a report will be substantiated. This theme was mentioned nine times across the interviews. Participants reported that knowledge, education, and interest in child protection influence their work.

The code, knowledge, was reported by five of the respondents. One participant shared: You have to have knowledge and really be prepared to think on your feet according to the state statutes. It's stressful; the phone calls don't stop. A similar response stated: We have to have a lot of knowledge in different areas because in our county we do intake work for all children and family services.

Another three intake workers described that education was essential in assisting intake workers with the intake and substantiation process regarding child protection. One response received was:

I think you need to have qualified people doing the job. So are current schools truly preparing people to come out and do this job? Is there opportunity for the schools to participate in some kind of dialogue with the practitioners in the field so that their education reflects what's happening in the field to improve our decision-making?

Another worker stated "Accurate documentation from the reporter and credibility of the reporter is sometimes a factor considered."

**Interest in child protection.** An interest in child protection was another code that surfaced twice when describing what influences child protection intake work and the decision to substantiate a case. As stated by an intake worker "Everyone in child welfare should know how child protection intake works and be interested in our performance in this area, both at the state and local levels."

### **Obtaining Adequate and Pertinent Information**

A third content area identified in the research as highlighted by child protection intake workers was the importance of obtaining adequate and pertinent information when receiving a report of suspected child maltreatment. Each of the six participants explained how essential the facts are in determining if substantiation will occur or not once a phone call is answered and a report is filed.

Participants referenced themes in this content area 34 times throughout the six interviews. Codes such as details, information, and facts created the detailed information theme. Another theme titled, witnesses, was formulated from words and phrases like: witness, first-hand report, and direct knowledge. The final theme in this content area involves evidence. Evidence was discovered from codes including evidence, credible

evidence, and proof that surfaced throughout the interviews. One quote contains all themes identified in this content area: “We are looking for information or direct knowledge or a witness to an event,” as reported by a child protection intake worker.

**Detailed information.** Responses from child protection intake workers were coded and analyzed to recognize the theme of detailed information. Detailed information was referenced 19 times across the research. Participants reported that details, information, and facts are necessary elements of the reporting process when determining future steps (i.e., if a report of suspected child maltreatment will be substantiated or not). Each child protection intake worker mentioned this theme more than once throughout his or her interview. One respondent said “It would be nice to have as many facts and details possible to create a full narrative of the alleged abuse.” Another disclosed:

I struggle with getting the right information especially when community members call in and you know I’ve been doing this for a while now and I can kinda sense when they have good information but they might not have the information that we need for screening.

Another respondent mentioned:

It’s helpful if we have identifying information. Sometimes people call in and they are lacking an address or a name or birthdate or, you know, what they need to identify the child. And they’ll call and say ‘I have this neighbor...’ and they don’t have the address or know who actually lives there and that information would be helpful.

Regarding geographic details, one intake worker stated “The location of this child or where did the maltreatment occur is important to assess; because we have to have jurisdiction before we would accept the case. So we consider the location.”

Pertaining to the missing information, an intake worker shared:

I think a lot of the variability has to do with what kind of information we get. We may have missing pieces; that would probably be the biggest thing. You know mandated reporters certainly know what to look for and they know what we need for the screening criteria but again the community members don’t always know that and they don’t always have that information.

**Witnesses.** An additional theme to emerge was the need for witnesses. Four participants mentioned this theme seven different times throughout the interviews. Codes such as, witness, first-hand report, direct knowledge, and accuracy surfaced from the research to create witnesses. As stated by one respondent, “We are looking for information, or direct knowledge, or a witness to an event.” Another complimentary response included:

We look at if it is a first-hand report, we look for detail on injuries, we look for when it happened, age of the child, what the alleged maltreatment is. Those are kind of the big ones that we weigh through in the report.

A third intake worker said the following when discussing the steps a worker takes in attempting to obtain adequate data from a first-hand witness “Talking to callers and having them think back to what they witnessed and walk them through that and get all the information they may have.” The same respondent added, “We think that the sooner people call in, the more detailed, the more accurate the report will be.”



**Evidence.** A final theme relevant to this content area was developed from terms such as evidence, credible evidence, and proof as found in the interviews. Evidence was accounted for six times across the research. Evidence was described by one child protection intake workers as “An event with credible evidence present that indicates that abuse or neglect has occurred.” As one intake worker put it “We need to have direct knowledge and proof that harm was inflicted on a child in order to investigate per state law.” Another respondent reported:

A lot of reports lack credible evidence to substantiate, but this doesn’t mean that abuse or neglect didn’t occur and that’s what’s hard about this job. Like a child may have been a victim of maltreatment but as an intake worker our hands are tied by state laws and we cannot send someone out to that house without concrete information.

Another example was shared by a participant as follows:

When doctors call with unexplained injuries you know that’s something that gets our attention. When you talk about sexual abuse reports and the kids are talking about keeping secrets or threats to ‘not tell.’ A lot of times we see a lot of red flags with sexual abuse reports that do not meet the criteria at the time of the report, but we can kinda guess that in a short amount of time the right information will come to us.

Another intake worker described the work in the following manner “There is such a breadth of information that you can ask for. Not everybody has the information and of course and if they did, we wouldn’t have to conduct an assessment.”

### **The Role of Emotions**

Emotions were referenced as playing a heavy role in child protection intake work and the decision process utilized to determine if a report of suspected maltreatment will be screened in and substantiated as well. Feelings and emotions were mentioned 13 times. This content area emerged from the transcribed interviews with terms and phrases including: emotionally taxing, stressful, frustrating, sad, unhappy, conflict, agitation, hard to comprehend, and emotionless.

Participants opened up during the interviews and disclosed the role that emotions have throughout their work. Each respondent referenced emotions at some point during his or her interview. One intake worker clearly stated “We cannot think with our emotions.”

While others described the challenging work they face on a day-to-day basis when determining which horrific reports of alleged child maltreatment will be assessed for substantiation or not. The following quotes were reported by three different workers: “This job is extremely stressful, frustrating, time consuming, and emotionally taxing.” Another said “One of the most difficult parts of the job due to the fact that the decision I make will impact lives forever.” A third worker mentioned “You hear things and it’s hard to comprehend how we, as people, can do these kinds of things to others, especially small kids.”

As a group, they explained that it is difficult to ignore internal emotional responses to the reports they receive when working under strict guidelines outlined in the Minnesota state statute. One participant used the phrase, gut feeling; whereas, another cited intuition as factors that are not accounted for in the criteria for substantiation. A participant explained “I may personally want to accept a report and get professionals out

to the house after hearing a heart-wrenching account of alleged abuse, but I am required to remain objective and follow our screening criteria guidelines.”

Some respondents shared how tough their work is in similar ways “It’s also hard to leave the stuff we hear through the phone at work and to not take it home.” Also, “A lot of times people call in and they are really upset so the process of trying to calm them down and take them back to what they saw and walk them through that can be challenging.” Another response recorded included:

Dealing with people that are not very happy because if you accept a case or not someone is going to take exception to that. So there is a lot of conflict at times and agitation that people who are reporting to us are under so we have to have a calm and deliberate process of responding to them. So attitude and maintaining helpfulness in service is pretty hard to do when you have alligators all around you. So that is particularly challenging.

### **Comprehensive Minnesota State Statutes, Laws, and Guidelines**

All six intake workers reported that they use Minnesota state statutes, laws, and guidelines to guide the substantiation process after documenting a report of suspected child abuse. State statutes, legal mandates, and guidelines were coded and counted 11 times in the research. One intake worker explained the following:

Minnesota Department of Human Services provides interpretation of the statute and how we are to implement the statutes as they are written. With that said, the Department of Human Services also provides a guideline for screening and assessment of maltreatment cases that come in. So we follow state rules and guidelines.

Likewise, another intake worker revealed that “The most important thing as an intake worker is identifying if the report meets the criteria for acceptance under the guidelines in statute.”

**Clear definitions.** Furthermore, two respondents mentioned a need for more clearly defined state statutes, laws, and guidelines. Clear laws and statutes and clear definitions were codes that appeared from the interviews. One worker stated the following in regards to the need for having clear definitions in place in order to effectively carry out child protection intake work:

Let’s talk about a recent event that occurred in Minnesota where they changed a word in a statute. And when they changed the word from ‘sex offender’ to ‘predatory offender,’ they didn’t tell us what they meant by that. So, when you don’t tell us when you change a statute, what you mean or what you intend for us to do, then the statute, as it is true anyway, is interpreted 87 [number of Minnesota counties] different ways in Minnesota until we get some guidance from the Department of Human Services as to what they mean. So the clearness of the definition that we are using to define maltreatment is one reason for variability. And beyond clearness, it becomes personal opinion and personal decision that accounts for the variability.

**Our hands are tied.** This theme was also mentioned three times, by three different participants. The respondents explained that their emotions or gut feeling would push them to substantiate a report of suspected maltreatment; however, if the report failed to meet the state guidelines or criteria, their hands were tied. One shared the following:

Many times, I see cases that I know we should look into. We don’t have, under

the definition, the authority to do so. And many times other agencies that we deal with they wonder about why didn't social services intervene and it's because we didn't meet the definition.

Another participant said "I may personally want to accept a report and get professionals out to the house after hearing a heart-wrenching account of alleged abuse, but I am required to remain objective and follow our screening criteria guidelines."

The third participant shared:

A lot of reports lack credible evidence to substantiate, but this doesn't mean that abuse or neglect didn't occur and that's what's hard about this job. Like a child may have been a victim of maltreatment but as an intake worker our hands are tied by state laws and we cannot send someone out to that house without obtaining concrete information.

This same participant added the following example:

A lot of the domestic violence reports that come through our door are sad, but given the screening criteria that is set up, a lot of those we have to screen out. It's a funny thing because there are a lot of reports we have to screen in because they have all the elements of maltreatment that are really low level kinds of stuff compared to a lot of the domestic violence stuff we screen out.

### **Discussion**

This qualitative study examined the factors involved that may account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation. The aim of this research was to generate detailed information about how intake workers gather information and proceed

when accepting a report of suspected child maltreatment. In analyzing the information received from interviews conducted with child protection intake workers, insight was offered, and substantial information was collected regarding the responsibilities these workers fulfill in keeping our children safe. Eight interviews were originally sought; however, this research obtained a total of six.

The determination to assign investigative services to a family of an alleged child victim is based upon a variety of factors. These circumstances also influence the screening process that Minnesota child protection intake workers are engaged in throughout this qualitative research.

The child protection intake workers interviewed agreed upon numerous factors that directly influenced their work. Endless work, teamwork, knowledge, emotions, detailed information, evidence, and vague definitions were repeated factors that may account for some variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation.

Intake workers described endless work as a factor that may account for variability between decisions being made by CPS. Respondents reported that large workloads, many responsibilities, little time, and always being busy are involved factors. Broadhurst et al. (2010) and Anonymous (2008) also discovered that this profession involves many hours of intensive work.

Just as intake workers emphasized the importance of teamwork and collaboration with fellow colleagues; it may be similarly critical for mandated reports and service professionals to work together. Collaboration between the reporter and family may also be helpful in order to obtain adequate and accurate information regarding suspected abuse.

In doing so, more detailed information will be immediately provided to intake workers which enhances child protection's ability to respond effectively and efficiently.

Darlington, Healy, and Feeney (2010) found that the more professional training and work experience an intake worker had, the more successful the agency was as a whole. Other researchers as well as the intake workers interviewed in this study expressed a need for qualified workers with adequate knowledge and education. Many responses included a need for education and knowledge in order to effectively fulfill the various tasks performed by intake workers when determining if a report will be investigated. Ultimately, the more training child protection intake workers have, the more skilled they are in identifying instances of alleged maltreatment (Arruabarrena & De Paul, 2012; Darlington & Feeney, 2008; Jent et al., 2011; Keddell, 2011; Stokes & Schmidt, 2012).

Another key factor involved throughout the work includes an intake worker's emotions. Emotions provide information and allow individuals to experience feelings. This in turn enhances one's connection with others. Human beings are neurologically hardwired for connection as well as the experience of emotions. Therefore, it is not surprising that the intake workers shared how their emotions and feelings were affected when they received reports of alleged maltreatment. They added that emotions increase how challenging their work is.

However, unlike therapists who focus on the process of therapy, intake workers focus only on the content. The emphasis is placed on the content (i.e., concrete information) because the evidence is what supports this profession. This also explains why a worker's emotional reaction and intuition has little influence on the decision

making process; therefore, this a key factor that may account for some variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation. Stokes and Schmidt (2011) also discovered that a worker's "gut reaction" to a report of suspected maltreatment is not assessed for or used in the assessment phase. They suggested that a worker's subjective experience and knowledge obtained from direct field work should have a role somewhere in the profession.

Participants also reported that detailed information and evidence were necessary elements of the reporting process when determining future steps. Child protection intake workers described the importance of receiving detailed information. They stated that the more evidence available at the time of the intake, the better. Detailed information and reports from first-hand witnesses makes the screening process easier as concrete information substantially helps the team make decisions regarding future steps. Similar findings were discovered in research performed by Stokes and Schmidt (2012).

Follow up services are driven by the amount of factual data that is available. The more detailed information a report of suspected child maltreatment has, the more likely it can meet the definition of maltreatment according to the Minnesota state statute. Reports that meet the threshold of severity are likely to be accepted and screened in to receive additional services.

Participants explained that evidence significantly supports allegations being made of maltreatment. As a result, evidence also makes the reports more credible. If a report meets the state's definitions of maltreatment and is paired with evidence, it will likely be investigated to determine substantiation.



All intake workers interviewed reported that they use Minnesota state statutes, laws, and guidelines to guide the substantiation process after documenting a report of suspected child abuse. Furthermore, a need for more clearly defined state statutes, laws, and guidelines surfaced in this research. Collectively, the child protection intake workers interviewed expressed the importance of having access to clearly defined statutes, laws, and guidelines just as previous research found (Johnson, 2011).

These guidelines, if clearly defined, offer direction to intake workers, provide consistency throughout the screening process, and help with educating other professionals and communities about child protection in general. They also shared that access to clearer definitions would enhance their work and ultimately their ability to respond to reports of alleged child maltreatment. Clear definitions ensure that everyone is on the same page because clarity improves comprehension. This idea of clarity is true for any job, task, or responsibility. If little direction or instructions are administered, then it is more difficult to perform to the expectations or standards set.

### **Implications for Social Work Practice**

Participants offered suggestions across all levels throughout the profession. This research will not only assist mandated reporters in allocating appropriately detailed information prior to calling in and reporting suspected child maltreatment to an intake worker, but it highlights a need for teamwork within the profession. Participants expressed that communication and collaboration are fundamental skills that help child protection teams provide the most consistent services possible to a community. It also expresses a need for human service professionals to increase levels of self-awareness in order to refrain from making quick judgments about oppressed populations. Increased

self-awareness will also enhance one's ability to offer validation and empathy to families that enter the doors of CPS.

### **Implications for Policy**

This research provides substantial suggestions for state and federal policies. The suggestions made require that conversations are held between all members of society interested in child welfare. The child protection intake workers interviewed collectively expressed a need for clearer state statutes and definitions of child maltreatment. They added that professionals can advocate for action to be taken at the legislative level in order to make these definitions clearer.

It is also important that human service professionals continue to collect data regarding the number of reports of alleged child maltreatment as well as the number of reports that are substantiated. The numerical data obtained will offer concrete information to state and federal legislators. In turn, these statistics will further enhance recognition of the problem of child maltreatment in our society as well as improve the understanding regarding the extent of the problem. Substantiation data may also be used to motivate and boost funding that is available to the child welfare system.

Therefore, an enhanced understanding of the issue can be used to support future efforts in combating the problem in order to keep our children safe. This also includes the writing of clearer policies so they may be more consistently implemented across the state and federal levels.

### **Implications for Research, Strengths, and Limitations**

Future research should follow up to address the issues and barriers to formulating clearer definitions to enhance consistent responses from child protection agencies across Minnesota. Not only should current state statutes, laws, guidelines, and definitions of

child maltreatment be studied, but research should also address what child protection intake workers are specifically looking for when they reference that state statutes need to be clearly defined. This information would help human service professionals as well as legislation modify current definitions.

The research includes both strengths and limitations. The most valuable strength regards the fact that the findings contribute to the social work knowledge base. The data collected in this study speaks directly to the work performed across child protection agencies statewide. The research also gives intake workers a voice as it provides first-hand accounts regarding the difficult decisions they make daily throughout their work. Furthermore, the research helps identify potential needs and the processes that would benefit the profession when accepting a report of suspected child maltreatment.

However, limitations occurred as well. Since only six participants voluntarily participated in the study, the findings are not as generalizable to the larger population as a researcher would desire. Also, the self-selection and voluntary nature of engagement in this study may have ignored other intake workers that could have had valuable responses of insight, reasoning, and opinions regarding their work. Another limitation must address that biases on this research topic may also have occurred since this research area was of great interest to the researcher.

### **Conclusion**

Overall, the child protection intake workers interviewed in this study provided an abundance of valuable information as well as applicable suggestions for how mandated reporters and other community members can make meaningful reports when reporting to

CPS. Our children are our future. We must ensure their safety so they can develop and grow into healthy members of society.

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**Appendix A: Initial Information Sheet**

Dear Sir or Madam,

I am a MSW graduate student from the St. Catherine University and University of St. Thomas School of Social Work in the process of preparing my clinical research paper under the direct supervision of Dr. Catherine Marrs Fuchsel. I am writing to ask for your assistance in gathering individuals to participate in interviews that I will be conducting as a part of my research project early next year.

For my clinical research paper, I am examining the factors involved that may account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation. The aim of this research is to generate detailed information about how Minnesota child protection intake workers gather information and proceed when accepting a report of suspected child maltreatment.

I am looking to conduct eight interviews at the convenience of the participant via telephone. Each interview will ask 13, semi-structured questions, and will require approximately 30-60 minutes to complete. The interviews will be digitally recorded to ensure an accurate analysis of the research results. Interviews will be scheduled early next year (January 2013) upon receiving approval from the St. Catherine's Institutional Review Board (IRB). Further, confidentiality will be of utmost importance as the participant's name as well as any other identifying information will not be released under any circumstances. It is also important to understand that participation is completely voluntary and the participant can terminate the interview at any given time.

Therefore, I am asking for your permission to be allowed to contact Minnesota child protection intake workers in order to include their expertise in my research. If you agree to the terms and conditions outlined on the attached collaboration letter, please print the letter, sign, and date it. At this point, feel free to scan the document and email it back to myself, or we can schedule a time in which I can collect the letter in person.

The only other step that will require your involvement will include the forwarding (via email) of the information sheet via email, to the child protection intake workers throughout the state. This email will provide potential participants with information they will need regarding the nature of the study. It will also provide my contact information so that I can be reached directly moving forward. I will simply ask that you distribute this information at your discretion, and beyond that point, I do not expect you to take any active role in the process of recruiting or obtaining participants. You can anticipate the arrival of the subsequent email mid-December once the IRB approves this study.

Thank you in advance for your help. If you have any questions please feel free to reply to this email or contact my academic advisor, Dr. Catherine Marrs Fuchsel, at (xxx) xxx-xxxx.

Appreciatively,

Taryn Jensen

**Appendix B: Cooperation Letter**

Institutional Review Board  
St. Catherine University  
2004 Randolph Avenue  
St. Paul, MN. 55105

RE: MSW Clinical Research Project examining reports of child maltreatment according to Minnesota child protection intake workers

Taryn E. Jensen  
Lead Investigator  
St. Catherine University and the University of St. Thomas  
School of Social Work

Dear Sir or Madam:

We have agreed to assist Taryn E. Jensen in recruiting participants for her clinical research project. Ms. Jensen's research project will be a qualitative study that examines the factors involved that may account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation.

We will assist Ms. Jensen by forwarding information emails that include the details of the study via email to child protection intake workers at the county and tribal levels throughout Minnesota. We will also allow Ms. Jensen to conduct telephone interviews with our correspondents at their convenience.

Ms. Jensen will provide all information regarding the study for potential participants in the emails. The information will request that participants engage in one telephone interview at their convenience which will require approximately 30 to 60 minutes of their time. It will also state that the interviews will consist of 13, semi-structured questions, and that each will be digitally recorded for purposes of the study. Other information which will be included will describe how confidentiality and privacy will be maintained, where research data will be stored, and when the data will be destroyed. Ms. Jensen will also make sure that all participants are aware of the voluntary nature of the study and that they can terminate the interview at any given point in time.

If you have any questions, please feel free to contact me at \_\_\_\_\_.

Sincerely,

---

Signature and Title

---

Date

---

Print Name

**Appendix C: Invitation / Information Sheet**

Dear Sir or Madam,

I am conducting a study to examine the factors involved that may account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation. Based on the data I obtain, I hope to provide valuable information to mandated reporters and community members, so that we are better equipped to provide adequate information when reporting to Child Protective Services (CPS).

This study is being conducted by myself, Taryn Jensen, a graduate student at St. Catherine University and the University of St. Thomas School of Social Work under the direct supervision of Dr. Catherine Marrs Fuchsel.

As a Minnesota child protection intake worker operating in this setting I invite you to participate in this research. Your participation is requested given your professional title and role.

If you agree to participate in this study, I will ask you to engage in a telephone interview at your convenience. The interview will consist of 13, semi-structured questions, and will take approximately 30 to 60 minutes to complete. The questions will concentrate on factors involved that may account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires substantiation. The interview will also be digitally recorded and transcribed for the purposes of this study; however, neither you nor your responses will be personally identifiable throughout the research project. After transcription, the audio files will be erased and destroyed. Your participation is completely voluntary.

If you would like to be a part of this study I would ask you to please email me to schedule a time and date to complete this interview. Thank you for your time and consideration. I look forward to hearing from you.

Appreciatively,

Taryn Jensen

**Appendix D: Email to Confirm and Schedule Participation**

Dear Participant,

Thank you for volunteering your time and expertise to this research study. Before we get started, I ask that you review the attached documents. The first is the consent form relevant to this study. Please print the form, sign, and date it. I will need this document 24 hours prior to conducting an interview. You can choose to either scan the signed document and email it, or send it in the mail to the address below; whichever is most convenient for you. I also encourage you to look over the other attached documents which include all interview questions that will be asked during the formal interview so that you will know what to expect and can prepare. The final document also includes a list of crisis hotlines and resources available to you if the interview so happens to cause distress, though unlikely.

Please email me three time and date options regarding the upcoming telephone interview. You may list them in order of your preference (i.e., first, second, and third). I will respond as quickly as I am able to confirm your selection.

If you have any additional questions, please feel free to email myself or contact my academic advisor, Dr. Catherine Marrs Fuschel at (xxx) xxx-xxxx.

Again, I thank you for your participation. I am eager to speak with you to obtain your professional perspectives and ideas.

Thank you,

Taryn Jensen

**Appendix E: Research Information and Consent Form**

Determining Maltreatment Substantiation  
According to Minnesota Child Protection Intake Workers

**RESEARCH INFORMATION AND CONSENT FORM****Introduction:**

You are invited to participate in a research study investigating the factors involved that may account for the variability between Minnesota child protection intake workers when determining if suspected child maltreatment requires investigation. This study is being conducted by Taryn E. Jensen, a graduate student in the joint Master of Social Work Program at St. Catherine University and the St. Thomas University. You were selected as a possible participant in this research because you identify as a child protection intake worker employed at the county or tribal level in the state of Minnesota. Furthermore, your profession requires you to assess alleged reports of child maltreatment on a daily basis. Please read this form and ask questions before you give consent to participation in the study.

**Background Information:**

The purpose of this study is to examine all possible factors that are involved when child protection intake workers receive, document, and file reports of suspected child maltreatment. The aim of this research is to generate detailed information about how Minnesota child protection intake workers gather information and proceed when accepting a report of suspected child maltreatment. Approximately eight Minnesota child protection intake workers are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to engage in one telephone interview which will ask 13 open-ended questions regarding how you and your agency determines if child maltreatment has occurred, requiring additional investigative services. The interview will be scheduled at your convenience, and it is estimated that it will require approximately 30 to 60 minutes of your time.

**Risks and Benefits:**

The study has minimal risks. However, it is possible that questions posed as well as their responses may elicit emotional distress. Although unlikely, it is important to remember that you can voluntarily terminate the interview at any given moment. Also, if significant emotional distress does arise, a list of resources such as crisis hotlines and counseling centers will be provided via email.

There are no direct benefits to you for participating in this research.

**Confidentiality:**

Any information obtained in connection with this research study that could identify you will be kept confidential. Only group data will be presented in the written reports or

publications, ensuring that no participant will be identified or identifiable. Written data will be shredded and discarded after the completion of the research project. Data recorded on digital software will also be erased and the hard drive will be formatted to ensure that the content is removed immediately following the transcription of the interviews. The interview will be digitally recorded and transcribed to ensure accurate information; however, neither you nor your responses will be personally identifiable throughout the research project. Furthermore, no one at your agency will know your responses, nor will they be advised of your participation in this study. I will keep the research results in a password protected computer as well as a locked file cabinet in my home office. Only I, my research assistant, and my academic advisor will have access to the unidentifiable records while I work on this project. I will finish analyzing the data by May 20, 2013. After this date, all original reports and identifying information that can be linked back to you will be destroyed.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University and the University of St. Thomas in any way. If you decide to participate, you are free to stop the interview at any time without affecting these relationships, and no further data will be collected.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Taryn E. Jensen, at (xxx) xxx-xxxx. You may ask questions now, or if you have any additional questions later, my academic advisor, Dr. Catherine Marrs Fuschel, at (xxx) xxx-xxxx, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, Ph.D., Chair of the St. Catherine Institutional Review Board, at (xxx) xxx-xxxx.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

---

I consent to participate in the study. I also agree to be audio-taped for purposes of this study.

---

Signature of Participant

Date

---

Signature of Researcher

Date

**Appendix F: Interview Questions**

1. State your position and briefly describe your duties and responsibilities.
2. Does your position require you to manage a caseload? If so, how many cases are you responsible for?
3. How does your agency define child maltreatment?
4. Do you follow formal screening assessments or tools? If so, please describe them.
5. What information is most important when you document a report of suspected maltreatment?
6. Describe elements of a report of suspected child maltreatment that are considered *red flags*?
7. Describe a report that would immediately be screened in and investigated?
8. Describe the most challenging aspect of the intake process.
9. Do previous reports of suspected child maltreatment influence or bear weight on the decision making process to investigate?
10. Tell about the information you wish you were provided, and may seldom get, when receiving a report of alleged child maltreatment?
11. What do you believe accounts for the variability between reports investigated and those that are not?
12. Have you ever screened out or closed a file you wish you had not? If so, please explain.
13. What changes, if any, could your agency make to improve child protection intake work and the screening process involved?

**Appendix G: Resources / Crisis Hotlines**

**If this is an EMERGENCY, call 9-1-1**

**Four County Crisis Response Team**

Phone: 320-253-5555 or 1-800-635-8008

Locations: Benton, Sherburne, Stearns, and Wright Counties

Hours: 24 hours a day/7 days a week

\*The Crisis Response Team (CRT) is a group of counselors who provide support and assistance to children and adults experiencing a mental health crisis. Call-in services include a crisis hotline, information and referrals, and a link to resources and support. If needed the CRT will travel to your home or a community location to de-escalate the situation and help the individual in crisis cope with immediate stressors.

**Caritas Mental Health Clinic Walk-in-Counseling Service**

Phone: 320-229-4560

Location: 157 Roosevelt Rd, Suite 100, St Cloud, MN 56301

Hours: Mon & Wed: 8:30am - 4:30pm, Fri: 8:30am - 12:30pm

\*A free service available to provide one session of solution-focused help for immediate concerns. No appointments necessary. This is not appropriate for treatment of significant on-going mental health concerns.

**Central Minnesota Mental Health Center: Same Day, Emergency Appointments**

Phone: 763-682-4400(Buffalo) and 763-295-5086 (Monticello)

Locations: 308 12th Ave. South, Buffalo, MN; 407 Washington Street, Monticello, MN

Hours: Mon- Fri.

\*CMMHC provides a wide range of mental health and chemical dependency services. The Buffalo and Monticello sites have same-day, emergency appointments Monday-Friday where therapists can help determine appropriate next steps to overcome the current crisis. Please call the front desk to determine your crisis needs and “e-slot” availability. A variety of payment options are acceptable, including Private Insurance, Medical Assistance and Medicare. A sliding fee scale for those without insurance, based on ability to pay, may also be available.

**United Way 2-1-1 (formerly First Call for Help)**

Phone: Dial 2-1-1 or 1-800-543-7709

Hours: 24 hours a day/7 days a week

\*United Way 2-1-1 is a free and confidential community helpline that helps people access information they need to navigate the ever increasing and complex array of human services.